

RURAL DISTRICT OF BINGHAM.Interim Annual Report of the Medical Officer of Health for the
Year 1943.Council Offices,
Bingham.

September, 1944.

To the Chairman and Members of the
Bingham Rural District Council.

Ladies and Gentlemen,

In accordance with the instruction of the Ministry of Health the Annual Report of the Medical Officer of Health is again in abbreviated form and records only specially notable facts and impressions. The statistics also do not appear in their normal form.

The year 1943 was one of much activity in legislative quarters but the work was largely of a preparatory nature as revealed either in 1943 or early in this year, by the publication of "White Papers" on such matters as Social Security, a National Health Service, Education, Water Supplies, Milk Control, Housing &c. The Nurses Act was passed during the year and the Adoption of Children (Regulation) Act, 1939, came into force. A notable departmental enactment was the introduction of subsidies for tuberculous persons deprived of their earnings while undergoing treatment likely to restore their working capacity.

The return of peace will bring many changes in Public Health administration but it does not seem at present as if there would be such a great alteration in the constitution of local government as was at one time thought likely. There will be much work to be done but if it is productive work it will be less exacting and harassing than the war-time activities which so often proved abortive and which were beset with unprecedented difficulties. It is now surely permissible to hope that before another Annual Report comes to be compiled many of our war-time difficulties will have disappeared.

I am,

Ladies and Gentlemen,
Yours faithfully,

Wm. B. WATSON.

Medical Officer of Health.

PUBLIC HEALTH OFFICERS.

Medical Officer of Health. W.B. Watson, L.R.C.P., L.R.C.S., D.P.H.

Sanitary Inspectors. J.G.W. Hurst, M.S.I.A.
(at present on active service
in the R.N.R.).C. G. Williams, M.S.I.A.
(vice Mr. Hurst).

Surveyor.

C. M. Kendrick, Cert. R.S.I.,
M.I. Mun. & Cy. E.

V I T A L S T A T I S T I C S .

Birth Rate (per 1000 population) 16.2 (England & Wales 16.5).
Crude Death Rate (" " ") 12.9 (" " " 12.1).
Corrected Death Rate. 10.6

Death of Infants under one year of .
 age (per 1000 live births). 44 (" " " 49).

There were no maternal deaths.

As I pointed out last year comments on the vital statistics must be made and accepted with reserve because of the inaccuracy of war-time figures of population and the abnormal constitution of that population. With this in mind one remarks that the birth rate was 1.5 higher than any of which I have records (dating back to 1929) and 2.3 higher than in 1942. That of England and Wales was also the highest for many years. There was a rise in the death rate but it did not reach that of 1940. The influenza epidemic in the last quarter of the year contributed to the increase. The infant mortality rate for England and Wales was another low record. A larger population than obtains in this District is required for a rate which can reasonably be compared one year with another.

W A T E R .

Freedom and opportunity to extend a piped supply of water to all parts of the District are eagerly awaited. Many ratepayers who formerly grudged the cost have had such a trying time through shortage of water that they are more than ready to accept a supply. There has been a shortage of rain but other factors have operated in some parishes - land drainage activities, for example. In one parish the people are convinced that prospecting for oil has caused an acute shortage. Shortages occurred in this district before but wells are now affected which have not previously been dry. It has not been found possible to remedy local shortages except by deepening wells and that resort has often failed. Hope is placed in the Government proposals for the rationalisation of supplies and a subsidy from the national exchequer.

S E W E R A G E .

Linked with those of a better water-supply are the prospects of improved drainage and sewerage but town-bred people must remember that it is not possible to provide modern amenities in every country cottage. Indeed attempts to do so often create nuisances where none previously existed. But where an acceptable system of sewerage can be achieved only the cost can operate against the provision of modern domestic amenities. The achievement of a sewerage system suitable for every considerable aggregation of dwellings, and free from nuisance, is one of the post-war aims. It must needs be gradual.

H O U S I N G .

Twelve houses for agricultural workers were allocated to this District and at least proved a boon to those lucky enough to be given a tenancy.

The general shortage is acute at present. It is difficult to assess the shortage accurately. There is a demand at present from people who may not remain in the district after the war. Again there is always a demand on the part of townspeople wanting to move out to the country. The clamant need will be for replacement of unfit houses.

E V A C U A T I O N .

The year 1943 was a quiet one but the two hostels for unaccompanied children were kept open with most of the beds occupied. The best tribute to their success was the often-expressed desire of parents that their children should remain there in preference to billets and indeed applications for the admission of brothers or
/sisters /

sisters were sometimes received. Hostel life nearly always brought about a cessation of the irregularities which had caused the admission of the child. In many cases the irregularities only arose through incompatibility of child and foster-mother. Indeed the secret of a successful evacuation may be said to lie in the finding of the right billet for each individual. But evacuation is a short term scheme and hostels are a reasonable and immediate solution of pressing difficulties.

S C A B I E S.

There has been no increase in the incidence of Scabies. Treatment by benzyl benzoate has considerably simplified the problem. Real difficulty only occurs in large families, living under poor conditions, who are overwhelmed and lack the resources or the spirit to tackle such a visitation.

M I L K.

Milk control is a difficult problem just now and it is impossible in short compass to discuss its complexities. There does not seem much prospect of simplification after the war, so involved have become the commercial and public health measures to ensure a safe milk of good keeping quality. In its origin and nature milk will always be a commodity requiring the utmost supervision in its production and transit from cow to consumer. Pasteurisation may not be the ideal solution but it seems a necessary safeguard for both consumer and trader. No one has produced a reliable alternative.

I N F E C T I O U S D I S E A S E.

The chief features of the year were: an increase of scarlet fever - more than double the figures of the previous war years; the occurrence of only one case of diphtheria and one of cerebrospinal fever; and no enteric fever outside institutions. For the fourth year in succession measles was present - in moderate amount. The tuberculosis notifications were 4 less than those of the previous year and a normal number.

D I P H T H E R I A P R E V E N T I O N.

The public seem to require constant stimulation. Only the more enlightened ask for immunisation without any urging and the year 1943 saw the number of infants treated fall below the number of births. The County Health Visitors are constantly urging immunisation and have much success but rational appeals by press, radio, and cinema give a noticeable fillip. We are now faced with the problem of how to convince people of the necessity of preventing a disease which preventive measures have rendered so uncommon as to cause no fear. This is no new problem.

The figures of immunisation returned to the Ministry of Health at the end of 1943 were:

Percentage of the child population estimated to have been immunised at 31st December, 1943,
(a) under 5 - 65, (b) 5 to 15 - 86,
making a percentage of 80 for all children under 15.